

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586062

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		1				
8		0				
9		0				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		0				
18		0				
19		0				
20	1					
21		1				
22		2				
23		5				
24		0				
25		1				
26		1				
27		1				
28		0				
29		0				
30		0				
31		1				
32		0				
33		0				
34		0				
35		0				
36		1				
37		0				
38		0				
39	1					
40		1				
41		2				
42		1				
43		1				
44		1				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	51					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						